Under the Paperwork Reduction Act of 1995, his perconstance to respond to a collection of Information unless it displays a yallo OMB control number. Bubelliute for Form PTO-878 Application of Docket Number APPLICATION AS FILED - PARTI (Oolumn 1) (Column 2) OTHER THAN SMALL ENTITY SMALL ENTITY. FOR NUMBER FILED NUMBER EXTRA BASIQ FEE RATE (\$) FEE (\$) (87 OFR 1.16(a),(b); or (c)) N/A RATE (\$) NA FEE (\$) SEARCH FEE -. 'N/A' MA (17 CFR 7.16(4), (7), or (my) NA N/A EXAMINATION FEE (4) OFF (4) NA N/A :. N/A WA: NIA EMIALO JATOT NA. (37 CFR 1.16(1)) minus 20 = INDEPENDENT GLAIMS EB = (37 OFR 1.16(N)) × 50 OR minus 9 = x 105 = If the specification and drawings exceed 100 × 200 = 'APPLICATION SIZE sheels of paper, the application size fee due Is \$260 (\$130 (or. small entity) for each additional 50 sheets or traction thereof. See 35 U.8.C. 41(a)(1)(G) and 37 CFR 1:16(s). (37 CFR 1.16(s)) MULTIPLE, DEPENDENT CLAIM PRESENT, (37 CFR 1.16(1)) 185 370 If the difference in column 1 is less than zero, enter "o" in column 2. TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) · (Column 3) OTHER THAN. CLAIMS . SMALL ENTITY HIGHEST SMALL ENTITY REMAINING - NUMBER PRESENT AFTER RATE (\$). PREVIOUSLY -MODI-AMENDMENT EXTRA RATE (\$) ADDF. PAIDEOR TIONAL FEE (\$) profession TIONAL FEE (\$) Minus Independent OF DER LIGHT x 25 = ÖR Minus 50 x 105 = Application Size Fee (37 CFR 1.16(s)) 210 = **OR** FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1)) 185 370 **OR**: FOIAL TOTAL ADD'L FEE ADD'L FEE (Column 1) (Column 2) (c inmulos) CLAIMS HIGHEST REMAINING NUMBER PRESENT AFTER RATE (\$) PREVIOUSLY ADDI-RATE (\$) AMENDMENT: EXTRA ADDI-PAID FOR TIONAL TIONAL Total of the Minus FEE (\$) -FEE (\$) hatependent proffit.tent. x 75 x 50 Minus OR × 105 = Application Size Fee (37 CFR-1.16(s)) x 210 .= .OR FIRST PRESENTATION OF MULTIPLE DEPENDENT OLAIM (ST OFR 1.160) BS S TO OR TOTAL TOTAL ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDILFEE OR.

If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a pencility by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FREES OR COMPLETED FORMS TO THIS

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